

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS297AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2009
NAME OF PROVIDER OR SUPPLIER PARADISE CREST HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4462 FARMCREST DRIVE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual survey conducted at your facility on 1/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed as a ten (10) beds Residential Facility for groups which provides care to elderly and disabled persons, and/or persons with mental illness, Category II residents.</p> <p>The census at the time of the survey was 7 residents.</p> <p>Three (3) of three (3) employee files were reviewed</p> <p>Seven (7) of seven (7) resident files were reviewed</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>POC acceptable</i> <i>2/26/09</i> <i>[Signature]</i></p>	
Y 645 SS=A	<p>449.2704(1)-(5) Rate Agreement</p> <p>NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing:</p> <p>1. The basic rate for the services provided by the facility;</p>	Y 645	<p>RECEIVED FEB 23 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>[Signature]</i>	<i>[Signature]</i>	<i>2/19/09</i>
STATE FORM	6899 WGS511	If continuation sheet 1 of 4

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Y 645	Continued From page 1 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. This Regulation is not met as evidenced by: Based on record review on 1/21/09, the facility failed to provide a rate agreement for 1 of 7 residents (#7). Finding include: Resident #7 was admitted 01/12/09, and the file lacked a rate agreement. Severity: 1 Scope: 1	Y 645	Y645 a) Facility will assure that when admitting Resident rate of Agreement shall be signed and kept on resident's file. b) Attachment #1 TAG Y645 c) 2/5/09		
Y 870 SS=C	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of	Y 870			

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Y 870	<p>Continued From page 2</p> <p>the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>(2) Provides a written report of that review to the administrator of the facility;</p> <p>(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report.</p> <p>(c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to provide documented evidence of medication reviewed by a physician, pharmacist, or registered nurse once every 6 months for 4 of 7 residents (#3, #4, #5 and #6).</p> <p>Findings include:</p> <p>Resident #3 was admitted 06/03/08, and the file lacked medication reviews.</p> <p>Resident #4 was admitted 04/23/08, and the file lacked medication reviews.</p> <p>Resident #5 was admitted 03/06/07, and the file lacked a medication review dated after 05/30/07.</p> <p>Resident #6 was admitted 04/07/08, and the file lacked medication reviews.</p>	Y 870	<p>Y870</p> <p>a) administrator will ensure that medication review for each resident be completed every 6 months for the compliance of NAC 449.2749.</p> <p>b) attachment #2 tag Y870</p> <p>c) 2/5/09</p>		

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Y 876 SS=B	<p>Severity: 1 Scope: 3</p> <p>449.2742(4) NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that an ultimate user agreement was signed for 3 of 7 residents (#2, #4 & #7).</p> <p>Findings include:</p> <p>Review of Resident #2, Resident #4 and Resident #7's file, failed to provide evidence of a signed ultimate user agreement that authorized the facility to administer medications to the resident.</p> <p>Severity: 1 Scope: 2</p>	Y 876	<p>Y876</p> <p>a) ADMINISTRATOR will ensure that NRS 449.037 BE met when RESIDENT IS ADMITTED TO FA- CILITY.</p> <p>b) ATTACHMENT # 3 TAG Y876.</p> <p>c) 2/5/09</p>	

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